Please type a plus (+) inside this box -

Ø

PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required t

UTILITY **PATENT APPLICATION TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

to respond to a conection	No. 10071-018-999 Total Pages (including this page) First Named Inventor or Application Identifier				
Attorney Docket No.	10071-018-999	Total Pages (including this page)	43		
First	First Named Inventor or Application Identifier				
Mason					
Express Mail Label	EL 477 032 031	US			

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.					Assistant Commissioner for Patents ADDRESS TO: Box Patent Application Washington, DC 20231				
1.	□ Fee Transmittal Form Submit an original, and a dup		al Pages	: 11	7.		CD-ROM or CD-R in Program (Appendix)		
2.	☑ Applicant claims Small Entity	status [Tot	tal Page:	s <u>1</u>]	8.		Nucleotide and/or An (if applicable, all nece	•	ence Submiss
3.	B Specification		al Pages	38]		a.	☐ Computer Readal	ble Copy	S. C. S.
	(preferred arrangement set forth below) -Descriptive title of the Invention					b.	☐ Paper Copy (iden	itical to comput	er copy)
-Cross Reference to Related Applications -Statement Regarding Fed sponsored R&D -Reference to Microfiche Appendix -Background of the Invention					c. Statement verifying identity of above copies				pove copies
					ACCOMPANYING APPLICATION PARTS				
	- I	escription of the Drawings (if filed) d Description of the Invention (including drawings, if filed) s)		. if filed\		9. ☐ Assignment Papers (cover sheet & document(s))			
	-Claim(s) -Abstract of the Disclosure			,	10.		37 CFR 3.73(b) State (when there is an ass		☐ Power of Attorney
4.	Drawing(s) (35 USC 113)	[Tota	al Sheets	s_j	11. [English Translation D	Document (if ap	plicable)
5.	Oath or Declaration	[Tota	al Sheets	s <u>2</u>]	12.		Information Disclosur (IDS)/PTO-1449	re Statement	Copies of IDS Citations
	a. 🛛 Unexecuted			}	13. l		Preliminary Amendm	ent	
b. Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 19 completed)				14. ☑ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)					
i. DELETION OF INVENTORS(S)			15. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)						
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33 (b).				e prior	16. ☐ Nonpublication Request under 35 U.S.C. 122 (b)(2)(i). Applicant must attach form PTO/SB/35 or it's equivalent				
6. ☐ Application Data Sheet. See 37 CFR 1.76					17.		Other:		
18.	. If a CONTINUING APPLICATION □ Continuation □ Divisiona						nation: n No: filed .		
19. CORRESPONDENCE ADDRESS									
Customer Number: 20583				r code label here) or □ Correspondence address below					
NA	NAME								
AD	ADDRESS								
CIT	TY			STATE				ZIP CODE	
COUNTRY TELEPHONE						FAX			

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Express Mail No.: <u>EL 477 032 031 US</u>

PENNIE & EDMONDS LLP

COUNSELLORS AT LAW 1155 Avenue of the Americas New York, N.Y. 10036-2711 (212) 790-9090

ATTORNEY DOCKET NO. 10071-018-999

Date: October 19, 2001

Assistant Commissioner for Patents **Box PATENT APPLICATION** Washington, D.C. 20231

Sir:

The following utility patent application is enclosed for filing:

Applicant(s): Paul Mason

Executed on: unexecuted

Title of Invention:

STERILE, BREATHABLE, PATCH FOR TREATING WOUND PAIN

PATENT APPLICATION FEE VALUE

5 . 5						
TYPE	NO. FILED	LESS	EXTRA EXTRA RATE		FEE	
Total Claims	37	-20	17	\$18.00 each	\$	306.00
Independent	5	-3	2	\$84.00 each	\$	168.00
	Minimum Fee					740.00
	Multiple Dependency Fee If Applicable (\$270.00)				\$	0.00
		\$	1,214.00			
	Applicant qualifies for the 50% Reduction for Independent Inventor, Nonprofit Organization or Small Business Concern					607,00
Total Filing Fee						607.00

Please charge the required fee to Pennie & Edmonds LLP Deposit Account No. 16-1150. A copy of this sheet is

Samuel B. Abrams

PENNIE & EDMONDS LLP

Enclosure

enclosed.

This form is not for use with continuation, divisional, re-issue, design or plant patent applications.

Express Mail No.: EL 477 032 031 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: Mason

Application No.: To be assigned Attorney Docket No.: 10071-018-999

Filed: Herewith

For: STERILE, BREATHABLE PATCH FOR

TREATING WOUND PAIN

REQUEST TO ESTABLISH SMALL ENTITY STATUS

Assistant Commissioner for Patents Washington, D.C. 20231

Sir:

It is respectfully requested that the above-identified application, submitted herewith, be accorded small-entity status.

Date: October 19, 2001

Respectfully submitted, all far

Samuel B. Abrams

(Reg. No. 30,605)

PENNIE & EDMONDS LLP 1155 Avenue of the Americas New York, New York 10036-2711

(212) 790-9090